

ARIZONA DEPARTMENT OF COMMERCE

602-771-1181

1700 West Washington

Suite 220

Phoenix, Arizona 85007



Information Technology Training Tax Credit Application

Tax Year Credit is being applied for: _____

Tax identification number: _____

Company Name: _____

Street Address: _____

City, State and Zip: _____

Contact: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

The company's Arizona state income tax return is filed as (please check one):

☐ Sole proprietorship

☐ Partnership

☐ S corporation

☐ C corporation

☐ Limited liability company

☐ Other: _____

Does the company file Arizona state income taxes on a calendar year basis?

☐ Yes

☐ No

If **NO**, please list the tax-year beginning and end dates: _____

A COPY OF ALL INVOICES MUST BE INCLUDED ALONG WITH THIS APPLICATION. INVOICE SHOULD INCLUDE NAME OF TRAINING PROVIDER, ADDRESS OF TRAINING PROVIDER, NAME OF TRAINING COURSE, STARTING DATE OF TRAINING, ENDING DATE OF TRAINING, NAMES OF ATTENDEES, COST PER PERSON (INCLUDING INSTRUCTION FEES AND MATERIALS). IF ALL OF THE REQUESTED INFORMATION IS NOT INCLUDED ON THE INVOICE, A SEPARATE SHEET MAY BE ATTACHED TO PROVIDE IT.

If trainer is not located in Arizona, proof of accreditation by an agency approved by the United States Department of Education must be provided along with this application.

Verification

Information provided in this **Application** is accurate and complete. All employees trained under this program were Arizona employees of the applicant for the entire duration of the training and the employee(s) have successfully completed the course(s) by receiving a passing grade or certificate of completion:

Name: _____

Title: _____

Signature: _____

Date: _____

Information Technology Training Tax Credit Application
Training Course Information

Course Title:	How many employees have attended this course:
Was a Request for a Preliminary Determination of Course Eligibility filed for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES , a copy of the signed Request must be included along with this application. If NO , please describe how the training is job related: _____	

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Was a Request for a Preliminary Determination of Course Eligibility filed for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Please feel free to include additional copies of this page, if needed.